



CANDIDATE, OFFICEHOLDER AND CONTROLLED COMMITTEE
CAMPAIGN STATEMENT - LONG FORM

(Government Code Sections 84200-84216.5)
(Type or Print in Ink)

Statement covers period 7/1/90 through 9/30/90

FORM 490
1990

CHECK ONE OF THE FOLLOWING BOXES TO INDICATE THE TYPE OF STATEMENT BEING FILED:

☒ PRE-ELECTION STATEMENT

☐ SEMI-ANNUAL STATEMENT

☐ TERMINATION STATEMENT

Attach a completed Form 415 to this statement.

☐ SUPPLEMENTAL PRE-ELECTION STATEMENT (If filing a Supplemental Pre-Election Statement, attach a completed Form 495 to this statement.)

RECEIVED
1990 OCT 25 AM 9 01
ALICE M. REIMCHE
CITY CLERK
CITY OF LODI

DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE)

November 6, 1990

A FOR OFFICIAL USE ONLY

I CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF CANDIDATE/OFFICEHOLDER:

Jack A. Sieglock

OFFICE SOUGHT OR HELD: (Include location and district number if applicable)

Member, Lodi City Council

RESIDENTIAL OR BUSINESS ADDRESS:

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/DAY TIME PHONE NUMBER

1702 Timberlake Circle

Lodi

CA

95242

(209) 368-6521

II CONTROLLED COMMITTEE INCLUDED IN THIS REPORT (See definition on reverse.)

NAME OF COMMITTEE:

Citizens for Sieglock

I. D. NUMBER

902318

ADDRESS OF COMMITTEE:

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/DAY TIME PHONE NUMBER

P. O. Box 2671

Lodi

CA

95242

(209) 368-6521

NAME OF TREASURER:

Larry M. Solari

P. O. Box 1607 Stockton, CA 95201

(209) 943-2222

PERMANENT ADDRESS OF TREASURER:

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/DAY TIME PHONE NUMBER

1044 N. El Dorado

Stockton

CA

95202

(209) 943-2222

III OTHER COMMITTEES: LIST ANY OTHER COMMITTEES NOT INCLUDED IN THIS STATEMENT WHICH ARE CONTROLLED BY YOU AND ANY COMMITTEES PRIMARILY FORMED TO RECEIVE CONTRIBUTIONS OR MAKE EXPENDITURES ON BEHALF OF YOUR CANDIDACY.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	TREASURER	CONTROLLED COMMITTEE?	
			YES	NO

Attach additional information on appropriately labeled continuation sheets.

VERIFICATION

CANDIDATE OR OFFICEHOLDER:

I HAVE USED ALL REASONABLE DILIGENCE AND TO THE BEST OF MY KNOWLEDGE THE TREASURER HAS USED ALL REASONABLE DILIGENCE IN PREPARING THIS STATEMENT. I HAVE REVIEWED THE STATEMENT AND TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED HEREIN AND IN THE ATTACHED SCHEDULES IS TRUE AND COMPLETE. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON 10/5/90 AT Lodi, CA

(DATE)

(CITY AND STATE)

BY

(SIGNATURE OF CANDIDATE OR OFFICEHOLDER)

TREASURER (if applicable):

I HAVE USED ALL REASONABLE DILIGENCE IN PREPARING THIS STATEMENT AND TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED HEREIN AND IN THE ATTACHED SCHEDULES IS TRUE AND COMPLETE. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON 10/5/90 AT Stockton, CA

(DATE)

(CITY AND STATE)

BY

(SIGNATURE OF TREASURER)

Larry M. Solari

SUMMARY PAGE
FORM 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM THRU

7/1/90

9/30

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:

CITIZENS FOR SIEGLOCK

I.D. NUMBER

902318

CONTRIBUTIONS RECEIVED

	COLUMN A Cumulative total from previous period*
1. Monetary contributions.....	\$
2. Loans received.....	
3. SUBTOTAL CASH RECEIPTS.....	\$
	LINES 1 + 2
4. Non-monetary contributions.....	
5. TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES.....	
	LINES 3 + 4
6. Enforceable Promises (Except loan guarantees, see Line 18 below).....	
7. TOTAL CONTRIBUTIONS.....	\$ -0-
	LINES 5 + 6

COLUMN B Total this period from attached schedules
\$ 274.00
SCHEDULE A, LINE 3
2,000.00
SCHEDULE B, LINE 7
\$ 2,274.00
LINES 1 + 2
-0-
SCHEDULE C, LINE 3
-0-
LINES 3 + 4
-0-
SCHEDULE D, LINE 7
\$ 2,274.00
LINES 5 + 6

COLUMN C Cumulative to date (Columns A + B)
\$ 274.00
2,000.00
\$ 2,274.00
LINES 1 + 2
-0-
-0-
LINES 3 + 4
-0-
\$ 2,274.00
LINES 5 + 6 (SHOULD EQUAL LINE 7, COLUMNS A + B)

EXPENDITURES MADE

8. Payments.....	\$
9. Loans Made.....	
10. SUBTOTAL.....	-0-
	LINES 8 + 9
11. Accrued expenses (unpaid bills).....	
12. TOTAL EXPENDITURES.....	\$
	LINES 10 + 11

\$ 2,119.29
SCHEDULE E, LINE 5
-0-
SCHEDULE EE, LINE 7
2,119.29
LINES 8 + 9
-0-
SCHEDULE F, LINE 5
\$ 2,119.29
LINES 10 + 11

\$ 2,119.29
-0-
2,119.29
LINES 8 + 9
-0-
\$ 2,119.29
LINES 10 + 11 (SHOULD EQUAL LINE 12, COLUMNS A + B)

*IF THIS IS THE FIRST REPORT FILED FOR THE CALENDAR YEAR, COLUMN A SHOULD BE BLANK
EXCEPT FOR LINES 2, 6, 9 AND 11 (if applicable).

STATEMENT OF CHANGES IN FINANCIAL CONDITION

13. Cash on hand at the beginning of this period. (Enter amount from Summary Page, Line 17, from previous statement filed.).....	\$ -0-
14. Cash receipts this period (Line 3, Column B above).....	2,274.00
15. Miscellaneous increases to cash (Schedule G, Line 4).....	-0-
16. Cash payments this period (Line 10, Column B above).....	2,119.29
17. Cash on hand at end of reporting period (Lines 13 + 14 + 15 - 16 above) (If this is a Termination Statement, Line 17 must be Zero.).....	\$ 154.71
18. Amount of loan guarantees received (Schedule B, Part I, Column (b)).....	\$ -0-
19. Cash equivalents (other assets held including outstanding loans made to others). Important: See instructions on reverse.....	\$ -0-
20. Outstanding debts (Line 2 + Line 11 of Column C above).....	\$ -0-

ENDING CASH ON HAND SHOULD
NOT BE A NEGATIVE AMOUNT

SUMMARY FOR CANDIDATES IN BOTH A JUNE AND NOVEMBER ELECTION (See Instructions on Reverse)

	1/1 THRU 6/30	7/1 TO DATE
21. CONTRIBUTIONS RECEIVED:		2,274.00
22. EXPENDITURES MADE:		2,119.29

SCHEDULE A
MONETARY CONTRIBUTIONS RECEIVED
FORM 490
(Amounts May Be Rounded To Whole Dollars)

PAGE 3 OF 5

STATEMENT COVERS PERIOD
FROM 7/1/90 THROUGH 9/30/90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:

I.D. NUMBER
902318

CITIZENS FOR SIEGLOCK

DATE REC'D.	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)</small>	OCCUPATION		AMOUNT	
		EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>		RECEIVED THIS PERIOD	CUMULATIVE TO DATE
9/20/90	Mr. & Mrs. Marc Warmerdam J362 W. Turner Road Lodi, CA 95240	Occupation: Farmer		\$100.00	CALENDAR YEAR: \$ 100.00
		Employer: Self-employed			FISCAL YEAR: \$
		Occupation:			CALENDAR YEAR: \$
		Employer:			FISCAL YEAR: \$
		Occupation:			CALENDAR YEAR: \$
		Employer:			FISCAL YEAR: \$
		Occupation:			CALENDAR YEAR: \$
		Employer:			FISCAL YEAR: \$
		Occupation:			CALENDAR YEAR: \$
		Employer:			FISCAL YEAR: \$
		Occupation:			CALENDAR YEAR: \$
		Employer:			FISCAL YEAR: \$
		Occupation:			CALENDAR YEAR: \$
		Employer:			FISCAL YEAR: \$
SUBTOTAL				\$ 100.00	

SUMMARY

- | | |
|--|-----------|
| 1. AMOUNT RECEIVED THIS PERIOD — CONTRIBUTIONS OF \$100 OR MORE
(Include all Schedule A subtotals) | \$ 100.00 |
| 2. AMOUNT RECEIVED THIS PERIOD — CONTRIBUTIONS OF LESS THAN \$100 (Not
itemized) | 174.00 |
| 3. TOTAL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD
(Line 1 + Line 2) Enter here and on Line 1, Column B of Summary Page | \$ 274.00 |

SCHEDULE B -- LOANS RECEIVED (PART 1)
FORM 490
(Amounts May Be Rounded To Whole Dollars)

PAGE 4 OF 5

STATEMENT COVERS PERIOD	
FROM 7/1/90	THROUGH 9/30/90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:

Citizens for Sieglock

I.D. NUMBER

902318

PART I: LOANS RECEIVED

DATE REC'D.	FULL NAME AND ADDRESS OF LENDER <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)</small>	OCCUPATION	INT. RATE	DUE DATE	AMOUNT OF LOAN	CUMU- LATIVE TO DATE
		EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>				
8/20/90	Jack A. Sieglock 1702 Timberlake Cir lce Lodi, CA 95242	Occupation: Field Representative	0%	12/31/90	\$1,000	CALENDAR YEAR \$
9/11/90		Employer: Norman D. Shumway Congressman	0%	12/3/90	\$1,000	2,000.00 FISCAL YEAR \$
		Occupation:				CALENDAR YEAR \$
		Employer:				FISCAL YEAR \$
SUBTOTAL					(a) \$ 2,000	

FULL NAME AND ADDRESS OF GUARANTOR <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)</small>	OCCUPATION	AMOUNT GUARANTEED	
	EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	THIS PERIOD	CUMU- LATIVE TO DATE
NAME OF LENDER	Occupation:		CALENDAR YEAR \$
	Employer:		FISCAL YEAR \$
NAME OF LENDER	Occupation:		CALENDAR YEAR \$
	Employer:		FISCAL YEAR \$
SUBTOTAL <small>DO NOT CARRY THIS AMOUNT TO THE SUMMARY BELOW. ENTER ON LINE 18 OF THE SUMMARY PAGE.</small>		(b) \$	

SUMMARY

1. LOANS OF \$100 OR MORE RECEIVED THIS PERIOD (Include all Part 1 (a) subtotals) ...	\$ 2,000	
2. LOANS UNDER \$100 RECEIVED THIS PERIOD (Not itemized)		
3. TOTAL LOANS RECEIVED THIS PERIOD (Line 1 + 2)		2,000
4. LOANS OF \$100 OR MORE REPAYED, FORGIVEN, OR PAID BY A THIRD PARTY THIS PERIOD (Include all Part 2, Column (c) subtotals) (If forgiven or paid by a third party, also itemize on Schedule A)		
5. LOANS UNDER \$100 REPAYED, FORGIVEN OR PAID BY A THIRD PARTY (not previously itemized) (If forgiven or paid by a third party, also enter amount on Line 2 of the summary section of Schedule A)		
6. TOTAL LOANS REPAYED, FORGIVEN OR PAID BY A THIRD PARTY THIS PERIOD (Line 4 + 5)		
7. NET CHANGE THIS PERIOD (Subtract Line 6 from Line 3) Enter the difference here and on Line 2, Column B of Summary Page		\$ 2,000

(May be neg-
ative figure)

SCHEDULE E
PAYMENTS AND CONTRIBUTIONS (OTHER THAN LOANS) MADE PAGE 5 OF 5
FORM 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM 7/01/90	THROUGH 9/30/90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:
 Citizens for Sieglock

I.D. NUMBER
 902318

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the expenditure, no written description is needed. (Note exceptions on the back of this schedule for code "T".) Refer to the back of this schedule and the back of the Schedule E Continuation Sheet for detailed explanations of each category.

"C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER COMMITTEES

"I" - INDEPENDENT EXPENDITURES

"L" - LITERATURE

"B" - BROADCAST ADVERTISING

"N" - NEWSPAPER AND PERIODICAL ADVERTISING

"O" - OUTSIDE ADVERTISING

"S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

"F" - FUNDRAISING EVENTS

"G" - GENERAL OPERATIONS AND OVERHEAD

"T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED. SEE BACK OF SCHEDULE E CONTINUATION SHEET.)

"P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

IMPORTANT: Do not itemize the payment of accrued expenses on Schedule E. Report only the lump sum of these payments on Line 4 of the Summary section, below.

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postmaster 120 S. School Lodi, CA 95240	L		\$291.00
Warren Klump Corp. P. O. Box 251 Stockton, CA 95201	O		\$669.38
Photo Instant Print 222 W. Pine Street Lodi, CA 95240	L		\$803.78
Grossmans 1411 S. Stockton St. Lodi, CA 95240	O		\$176.43
SUBTOTAL			\$ 1,940.59

SUMMARY

1. PAYMENTS OF \$100 OR MORE MADE THIS PERIOD (Include all Schedule E subtotals)	\$ 1,940.59
2. PAYMENTS UNDER \$100 THIS PERIOD (Not itemized)	178.70
3. TOTAL INTEREST PAID THIS PERIOD ON OUTSTANDING LOANS (Schedule B, Part 2, Column (d))	-0-
4. TOTAL ACCRUED EXPENSES PAID THIS PERIOD (Not itemized) (Schedule F, Line 4)	-0-
5. TOTAL PAYMENTS THIS PERIOD (Line 1 + 2 + 3 + 4) Enter here and on Line 8, Column B of Summary Page	\$ 2,119.29